Kouts Police Department Application



Name		Date		
	Position a	applying for:		
Full time	Part time	Reserve	Tuition	

Application may be kept on file for a period of three years from above date

Minimum requirements for employment

- Must be a citizen of the United States
- Must be at least twenty-one (21) years of age at the time of appointment
- Must have a high school diploma or equivalent by an accredited school
- Must possess a valid operator's license (Attach copy of Driver's license to application)
- Must possess, at a minimum, visual acuity that is correctable to 20/40 in both eyes
- Must possess, at a minimum, auditory acuity that is within normal range in both ears
- Must pass an extensive background investigation
- Must pass multiple interviews, drug screen, and basic agility testing upon request

GENERAL INSTRU	CTIONS:	Answer	EVERY	question	below.	State '	"N/A"	if a	question
does not apply to you.	Do NOT 1	nis-state	or omit r	naterial f	acts.				

Last Name	First Name				Middle Name			Sex (M/F)		
Street Address			Cit	УУ		State		Zip Code		
Phone Number	Email Address			Height	Weight	Hair Co	olor	Eye Color		
Social Security No.	Security No. Birthdate Pl			of Birth	PSID N	lo.	U.S. C	U.S. Citizen (Y/N)		
<u> </u>							I			
List all name chang	es, nickr	ames, and	d aliase	es used:						
VEHICLE OPERATOR INFORMATION: List the following information concerning ANY										
vehicle operator's lic	ense you	ı have hel	d or cu	irrently hold	1.					
Type of License	License 1	Number	State	of Issue	Expirat	ion Date	Rest	trictions		

Have you ever been denied issuance of a motor vehicle license or have you ever had a motor vehicle license suspended or revoked? $\,Y\,$ / $\,N\,$

Have you ever had motor vehicle insurance with drawn or revoked or have you ever been refused motor vehicle insurance? $\rm Y / N$

RESIDENCES: List all residences.

Date To	Street Address	City	State
	Date To	Date To Street Address	Date To Street Address City

MILITARY SERVICE: List all military service. Include Reserve or National Guard obligations.

Dates Served	Branch of	Military	Highest Rank	Type of
From/To	Service	Occupational	Attained	Discharge
		Specialty (MOS)		

While in the military service, were you ever convicted for an offense, which resulted in a trail by deck court, or by summary, special or general court-martial? Y / N

If YES,	describe a	any and	each:	incident	below.	Give	date,	location,	charge(s),	actions	taken,	etc.
(Use bac	k of this	page, if	neces	ssary):								

EDUCATION: Attach all diplomas, certificates, degrees, etc. related to High School, College/University, specialized vocational/trade, and/or law enforcement training and education.

High School/Continuing	Diploma/Degree/Certification	Dates Attended
Education/Law Enforcement		

EMPLOYMENT HISTORY: Start with your most recent employer and list all work history. Include part-time, temporary, and seasonal employment.

Dates of Employment (To/From)	Job Title and Salary	Employer Name/Address & Phone No.	Description of Duties	Reason for Leaving

SPECIAL QUALIFICATIONS/SKILLS/LICENSES:	List any	special	skills o	r certific	ations
that you possess which may be pertinent for this position.					

PAST AND/OR PRESENT ORGANIZATIONS/CLUBS IN WHICH YOU BELONG:

Name	& Location	Type of Organization (Social, Professional, Fraternal, etc.)	Office Held	Dates From/To
		1 Totessional, Platernal, etc.)		

subject to disciplinar	our emplo	oyer intended to tern	ninate, or put	on inactive st	
If YES, explain circu	mstances	below:			
CONVICTIONS: Lordered expungement		ny, misdemeanor, a	nd traffic con	victions, excl	uding only court-
Date Convicted	Locatio	on of Occurrence		Offense	
:					
REFERENCES: Do references that have do which you are applying	lefinite kn ng. List th	owledge of your quaree (3) references.	llifications ar	nd fitness for t	the position for
Name	A	ddress	Pho	ne Number	Years Known
Are you registered wi registration? (Note:		•	•		-
does not apply.) Y	/ 14				
does not apply.) Y If YES, list the follow		nation:			
11 3 7	ing inform	nation: Last Classification	n	Date Classi	fied

Ha	ve yo	oplied for a position with any law enforcement agency in the past three (3) years?	Y
/	N	YES, list each agency and date applied:	

Agency	Date Applied
	oned on this application, which might reflect upon ou might be call upon to be assigned or which may
this application is true, accurate, and compl	nd belief, all the information provided by me on lete, and that this application for employment
polygraph or computer voice stress test ana advance to being summarily discharged (ter	s subject to a background investigation and a
APPLICANT'S SIGNATURE	DATE

We are an equal opportunity employer. Federal and State laws and our own Department policy prohibits discrimination of employment based on age, sex, race, national origin, religion, marital status, sexual orientation, or disabilities unrelated to job performance. Persons who believe that they were denied employment based on any of these conditions may file a complaint with our department and/or with Federal or State authorities.

Authorization to Release Information

I,, her	eby authorize any person, agency,			
partnership, or corporation/company have record, credit report record, educational record, military record or selective service	* *			
the Kouts Police Department.				
This information will be used in the employment screening process with the Kouts Police Department and will not be available for public inspection.				
I hereby release such person, agency, parany liability, which may be incurred in repolice Department, including liability un	eleasing such information to the Kouts			
Printed Name and Signatu	re Date			
	D. CDI d			
Social Security Number	Date of Birth			
*THE ABOVE MUST BE COMPLETE OF A NOTARY PUBLIC.	ED AND SIGNED IN THE PRESENCE			
Notary				